

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Apr 26, 1999 8:00 am  
Secretary of State

04-26-1999 90186 043 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S80648**

1. Corporation Name  
**BIG WATER PAWN, INC.**



Principal Place of Business <b>221 NORTHEAST PARK STREET OKEECHOBEE FL 34972-2923</b>	Mailing Address <b>221 NORTHEAST PARK STREET OKEECHOBEE FL 34972-2923</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>09/12/1991</b>	
4. FEI Number <b>65-0281854</b>	Applied For <input type="checkbox"/> No Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

9. Name and Address of Current Registered Agent

**WHIDDEN, JOHN C.  
3407 NW 33 AVENUE  
OKEECHOBEE FL 34972**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable) <b>5890 NE 56th Parkway</b>
83.
84. City <b>Okeechobee</b> <b>FL</b> 85. Zip Code <b>34972</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOT E: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PST</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WHIDDEN, JOHN C.</b>	1.2 NAME	
STREET ADDRESS	<b>3407 NW 33RD AVE</b>	1.3 STREET ADDRESS	<b>5890 NE 56th Parkway</b>
CITY-ST-ZIP	<b>OKEECHOBEE FL</b>	1.4 CITY-ST-ZIP	<b>Okeechobee, FL 34972</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WHIDDEN, JOHN C.</b>	2.2 NAME	
STREET ADDRESS	<b>3407 NW 33RD AVE</b>	2.3 STREET ADDRESS	<b>5890 NE 56th Parkway</b>
CITY-ST-ZIP	<b>OKEECHOBEE FL</b>	2.4 CITY-ST-ZIP	<b>Okeechobee, FL 34972</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WHIDDEN, LISA M.</b>	3.2 NAME	
STREET ADDRESS	<b>3407 NW 33RD AVENUE</b>	3.3 STREET ADDRESS	<b>5890 NE 56th Parkway</b>
CITY-ST-ZIP	<b>OKEECHOBEE FL</b>	3.4 CITY-ST-ZIP	<b>Okeechobee, FL 34972</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)